# VIOLENCE AGAINST THE ELDERLY BY FAMILY MEMBERS:

# A LITERATURE REVIEW OF CURRENT KNOWLEDGE

PREPARED BY:

Wanda Haber-Kucharsky
Senior Citizens Bureau
June, 1985

TABLE OF CONTENTS


Introduction ..... 1

Categories of Abuse and Neglect ..... 3

The Extent of the Problem ..... 7

Characteristics of Abused Elderly ..... 20

Characteristics of the Abuser ..... 21

Causal Factors and Theoretical Viewpoints ..... 22

Conclusion ..... 30

Bibliography ..... 35

## Introduction

Acts of violence in society have always been with us. Throughout history and today we can find examples whereby a dominant group or individual perceives that they have superior status and seeks to control or violate another group or individual of a lower status.

One's home was thought to be the place that was safe and nurturing and together with one's family one could find refuge from a difficult world. In fact the strongest bonds between individuals and the deepest feelings of belonging have always resided within the family.

However, the family system has come to be understood to also represent a microcosm of society and hence the same coercive dynamic of violence can operate within its walls as well. Through experience and research we have become increasingly aware that the family is in fact an area where much abuse can occur. Those having low status or those who are potentially vulnerable are children, powerless to say no and wives who are emotionally and financially dependent. Now we are beginning to recognize that older people living with younger family members are also targets. When it is mentioned that: older people are sometimes victims of family abuse it evokes reactions of astonishment and disbelief. Familial abuse of the elderly, however, is not a myth.

Moreover, Steinmetz and Strauss (1974) noted that "The abuse of the elderly can also be viewed within the general context of the dynamics of violence...Older people, particularly those who are ill, handicapped, minority or low income are a low status group in our society. Given the widespread existence of violence against other powerless groups (e.g. younger women and children) and across social classes (Strauss et al., 1980), the likelyhood of abuse against older people, especially with disabilities, is high." (in Hooyman et al., 1982; pg 9).

Child abuse emerged as a social problem in the 1960's and wife abuse was identified as a major social issue in the 1970's. Similarly abuse of the elderly has become a topic of interest and concern in the 1980's.

Along with the increase in the elderly population, there has been increase in attention given to concerns and needs of old people (Shell, 1982; Hervig-Giordano and Giordano, 1984). Thus areas of practice with the elderly and research which has included the issue of elder abuse has emerged.

In beginning to review the critical items from the literature, one invariably encounters the broadest elements of intrafamily violence and intergenerational family dynamics. Thus one of the major discussions in the literature is the comparison of elder abuse to child and spouse abuse. For example, Steinmetz noted that "There are several parallels between the battered child and battered parent. First, both are in a dependent position--relying on their caretaker for basic survival needs. Second, both are presumed protected by virtue of the love, gentleness, and caring which we assume that the family provides. A third point is that both the dependent child and the dependent elderly adult can be a source of emotional, physical, and financial stress to the caretaker. While the costs of caring for one's children are at least a recognized burden, the emotional and economical responsibility for the care of one's elderly parents over a prolonged period (a problem not likely to be faced by most families in the past) has not been acknowledged." (Steinmetz, 1978; pg. 54).

Rathbone-McCuan contrasts slightly and cautions that "The search for applicable social or psychological theoretical frameworks can lead to serious conceptual pitfalls. There is the temptation to make a wholesale application of one of the many theories of child abuse that emphasizes the psychiatric problems of the abuser or the provoking characteristics of the victimized child. However, it should be kept in mind that the dynamics of the aging family and the aged individual are not necessarily the same. Drawing too many theoretical parallels prematurely may distort initial conceptualizations of the problem." (Rathbone-McCuan, 1980; pg. 297).

However, this paper will not focus on this debate, but be more directly focussed just on elder abuse.

It should be pointed out that the authors of the literature on this topic often refer to this issue as: abuse of the elderly, violence against the

elderly, domestic violence against the elderly or maltreatment of the elderly, etc. This can be particularly confusing; in some cases the author(s) mean strictly abuse, in others neglect is included as abusive, and elsewhere neglect is excluded as part of this issue. This literature review will include discussion of both abuse and neglect issues and will focus on four major aspects: (1) categories of abuse and neglect; (2) the extent of the problem; (3) characteristics of abused elderly/abusers; (4) causal factors and theoretical/viewpoints. My conclusion will include summative comments about the research as well as future research directions suggested.

## Categories of Abuse and Neglect

The following categories of elder abuse were cited by the Select Committee on Aging, 1981 (Hervig-Giordano and Giordano, 1984; pg. 232):

> Physical Abuse. Physical abuse is violence that results in bodily harm or mental distress. It includes assault, unjustified denial of another's rights, sexual abuse, restrictions on freedom of movement, and murder.
>
> Negligence. Negligence is the breach of duty or carelessness that results in injury or the violation of rights.
>
> Financial Exploitation. Financial exploitation involves the theft or conversion of money or objects of value belonging to an elderly person by a relative or caretaker. It can be accomplished by force or through misrepresentation.
>
> Psychological Abuse. Psychological abuse is the provoking of the fear of violence or isolation, including name calling and other forms of verbal assault and threats of placement in a nursing home. It can be a spontaneous or protracted and systematic effort to dehumanize and usually is accompanied by other types of abuse.
>
> Violation of Rights. The violation of rights is the breaching of rights that are guaranteed to all citizens by the Constitution, federal statutes, federal courts, and the states.
>
> Self-neglect. Self-neglect includes self-inflicted physical harm and the failure to take care of one's personal needs. It stems from the elderly person's diminished physical or mental abilities and is brought on by the attitudes and behavior of relatives.

Pedrick-Cornell and Gelles (1982) noted that there was justification for considering acts and behavior other than physical abuse as being harmful to elderly. "O'Malley et al. (1979) mention that the threat of being beaten or punished creates a fear which may cause as much harm to the victims' functioning as the actual act." (Hervig-Giordano and Giordano, 1984; pg. 232).

In order to understand the issue of domestic maltreatment of elders, it is wise to begin by defining it. However, a significant impediment to understanding the extent, patterns and causes of violence against elderly has been the lack of an appropriate definition (Pedrick-Cornell and Gelles, 1982). Each author incorporates his/her own conception of what constitutes maltreatment or violence. Hence there does not appear to be an agreed upon definition (Callahan, Jr., 1982).

The scope is quite varied. Most researchers considered in this literature review, include psychological/verbal or emotional abuse and physical abuse within their definitions (Block and Sinnott, 1979; Douglass, Hickey and Noel, 1980; Filbee, 1981; Jacobs and Dentel, 1984; Lau and Kosberg, 1979; Shell, 1982; Steinmetz, 1981; Steuer and Austin, 1980) while others have added self abuse and self neglect (Jacobs and Dentel, 1984; Lau and Kosberg, 1979; Walker, 1983).

One author included abandonment (Walker, 1983) and another, violation of rights (Lau and Kosberg, 1979) in their considerations of what constitutes domestic violence against the elderly. Others have referred to abuses by different names but incorporated the same concepts, as in the use of the terms financial abuse (Shell, 1982) or exploitation (Walker, 1983; Jacobs and Dentel, 1984). The term material abuse however has been used differently. In one study it refers only to monetary and material theft (Lau and Kosberg, 1979) while in another study the definition includes the withholding of medication and daily living aids (Block and Sinnott, 1979).

Hickey and Douglass (1981) expand the notion, stating that it is abusive to overprotect the elderly by denying their right to participate in decision making and/or right to be independent. Steinmetz (1981), Harbin and Madden (1979), added another category of abuse not conceptualized elsewhere. They

discuss the situation of elders battering their middle aged children; noting that the father who was the iron clad authoritarian parent in his 30's to 50's will continue even when he is in his 90's. Violence by elders on their middle-aged children has remained hidden from the media.

The issue of neglect is a thorny one, the question being: Is this kind of behaviour as serious as abuse? It appears to depend on how each author defines neglect. For example, one author refers to lack of supervision leading to physical problems as abusive (Lau and Kosberg, 1979) while other authors delineate this as neglectful (Stever and Austin, 1980; Walker, 1983).

Those authors who have discussed the relationship between abuse and neglect include Douglass, Hickey and Noel, 1980; Jacobs and Dentel, 1984; Rathbone-McCuan, 1980; Steuer and Austin, 1980; Walker, 1983.

Douglass et al. (1980) differentiate neglect from abuse in a particular way. Neglect can be passive or active. Passive neglect is defined as characterizing situations in which the elderly person is ignored, left alone or not supplied with essential foods, clothing or medications because of the ineptness or inability of the caregiver. Thus passive neglect can be seen to be inadvertently caused. Active neglect is defined as the withholding of items necessary for daily living and/or intentionally depriving the older person of social contact, foods, clothing medicines or other needed goods or services. Thus the actions of active and passive neglect may be the same but in active neglect the perpetrator commits the actions with full knowledge. Abuse on the other hand can be verbal/emotional or physical. Verbal/emotional abuse is characterized by the occurrence of name calling, infantilization, threats, insults or humiliations, being frightened or intimidations. Physical abuse is said to occur when the elderly person is hit, slapped, burned, bruised, cut, sexually molested or physically restrained (Douglass et al. 1980).

Rathbone-McCuan (1980), discuss neglect but consider it to be only those acts which are intentional. This would be similar to Douglas et al's. (1980) active neglect. Steinmetz (1981) acknowledged that neglect exists but conceived it in the same vein as Douglass et al's. (1980) passive neglect; calling it benign neglect. It would appear that neglect therefore would be

considered a separate issue and not as important as abuse. Most researchers only consider those acts which are willfully pursued to be abusive and worth considering (Block and Sinnott, 1979; Jacobs and Dentel, 1984; Rathbone-McCuan, 1980; O'Malley et al., 1979).

Callahan Jr. took a broader political view of the issue of elder abuse and wrote: "A major danger in defining certain behaviour as elder abuse is that we may create a self-fulfilling prophecy. My particular worry is how professionals will change their behaviour toward situations that formerly might have been called an accident, a family problem, or mental health problem, but now are called 'elder abuse'. Are we going to create a new class of criminals? Will the elderly benefit by being funneled to an abuse service rather than to some other social service?" (Callahan Jr., 1982; pg. 16).

Claire Pedrick-Cornell and Richard Gelles (1982) said it most aptly when they stated that "While few would dispute that any of the acts listed by researchers may be harmful, the problem is that the concept of elder abuse has become a political/journalistic concept, best suited for attracting public attention to the plight of the victims. But while elder abuse may be a fruitful political term, it is fast becoming a useless scientific concept (pg. 459). The variety of definitions of elder abuse in current studies makes the task of comparing the results of the research impossible...A more serious problem is that the wide range of behavior lumped into a definition of elder abuse makes it virtually impossible to assess the causal factors related to abuse. By combining behaviors and phenomena which are conceptually distinct, one loses the ability to truly determine what causes elder abuse (e.g. the generative causes of an act of physical violence are different from factors which lead to acts of omission). As long as investigators fail to separate and distinguish between behaviors which are conceptually and etiologically distinct, and as long as definitions vary from narrow to broad, we will be unable to develop an adequate and useful knowledge base in this area of study." (Pedrick and Gelles, 1982; pg. 459).

## The Extent of the Problem

Throughout the literature, authors writing on elder abuse as well as the researchers who have done studies express that their results should be interpreted cautiously and generalizations about incidence should be limited. (Hickey and Douglass, 1981; Hervig-Giordano and Giordano, 1984; Galbraith and Zdorkowski, 1984; Shell, 1982; Douglass, Hickey and Noel, 1980). "No research has yet measured the true incidence or prevalence, and all studies thus far have had considerable limitations of design, instrumentation, response rate, and conceptualization. All of the studies to date have been considered to be exploratory by both the investigators and their sponsors." (Douglass, 1983; pg. 146).

"Despite the studies which have been done, the extent and incidence of elder abuse is unknown. North American researchers are just beginning to investigate the situation. The current reporting system is fraught with problems and has many limitations" (Ross et al., 1985; pg. 37).

Yet throughout this literature, estimates of the extent of elder abuse in the United States have been cited to range from 500,000 to 2.5 million a year. (Pedrick-Cornell and Gelles, 1982).

The projection of a million cases in the United States has been corroborated by various researchers (Block and Sinnott, 1979; Strauss et al., 1978; Steinmetz, 1978) and then quoted in many articles (Filbee, 1981; Pedrick-Cornell and Gelles, 1982; Ross et al., 1985; Beck and Phillips, 1983 and 1984; Langley, 1981). Through its survey and a review of other studies, the House Select Committee on Aging in the United States surmised that 11 percent of the elderly residing there may be victims of some sort of abuse, ranging from moderate to severe. This is roughly 1 out of every 25 older Americans. (Select Committee on Aging, 1980).

Jacobs and Dentel (1984) quoted the House Subcommittee hearings on Aging (1981) estimates and decided that since those figures were a result of incomplete and inefficient methods of data collection, the real numbers are much higher.

What is most distressing is how these figures were arrived at. Authors have also cited these estimates by "gut reactions" based on experience (Davidson, 1979; Burston, 1975) or horrendously generalized numbers from their small samples within their specific city or state/province. (Block and Sinnott, 1979; Lau and Kosberg, 1979; Shell, 1982). Strauss, Gelles and Steinmetz (1980) shed some light on another method used to establish the 500,000 victims of elder abuse estimate.

"The estimate, which has been widely published, is actually a figure arrived at by estimating the number of individuals 65 years old or older who married, had children, and have contact with their children. The 3.5 percent incidence statistic was based on the percentage of parents who reported being abused by teenage children in a national survey of family violence. Thus the estimate has no more empirical standing than a guess, irrespective of how frequently it has been cited in popular and professional literature." (Pedrick-Cornell and Gelles 1982, pg. 461). Langley (1981) noted other reasons why there are problems with these estimates: "First, there is a lack of clarity. There are disagreements and variations in definitions of abuse and in what constitutes physical abuse. Available studies do not necessarily differentiate between physical abuse and neglect, nor measure the severity of either. Second, the data used were largely anecdotal. Data on the incidence of abuse of the elderly by their family members or caretakers are almost never gathered by any official source. In studies that did try to survey the elderly, the response was inadequate. Therefore, at least part of the information available was gathered from service providers and their memories of cases, resulting in data from more isolated cases and potentially biased sample. A significant number of the elderly who may be at high risk to be abused may also be incompetent and/or unable to respond." (Langley, 1981, pg. 3).

Other difficulties in determining the true incidence of elder abuse have been noted as due to the reluctance and fear of victims to report maltreatment (King, 1983; Hooyman et al., 1982; O'Malley et al., 1979). There is a tendency for many of these cases to go unnoticed because of heavy caseloads or lack of awareness (Rathbone-McCuan, 1980; Lau and Kosberg, 1979; Jacob and Dentel, 1986; Hooyman et al., 1982). The fact that the aged often have chronic brain

syndrome makes validation of allegations of abuse more difficult (Kimsey, Bragg, Tarbox, 1981) as well as the attitudes on the part of professionals or others (Beck and Phillips, 1984; Ferguson and Beck, 1983). The lack of awareness of service availability and the lack of reporting mechanisms (Beck and Phillips, 1984; Hooyman et al., 1982) also contributes to the difficulty in determining true incidence.

It is not uncommon for the elder victim to deny the abuse (King, 1983; Lau and Kosberg, 1978; Renvoize, 1978). These estimated incidence rates of elder abuse have also been compared to child abuse and spousal abuse. Block and Sinnott (1979) cited that spousal abuse in the United States was at a 20% incidence rate. More generally, it was noted that elder abuse appears less frequent than spousal abuse but almost as high as child abuse. (Block and Sinnott, 1979; Steinmetz, 1981; Beck and Phillips, 1983; Langley, 1981).

Overall, Ross et al., summarized the situation by noting that: "Accounts of elder abuse given by professionals who work with the elderly suggest that such abuse is not an isolated situation, but rather a full-scale problem which exists with a frequency unreflected in open complaints and charges." (Ross et al., 1985; pg. 37). While Thorman (1980) noted that "We might expect that, as with other forms of abuse reports, for example child abuse, the cases reported represent only 'the tip of the iceberg.'"

Accurate data are important and necessary to establish a problem as being of sufficient magnitude to warrant public attention. Langley (1981) concurs with this attitude and states: "If the data appear inconclusive in establishing actual prevalence, does that mean we have a minimal problem? Or, are we where we were with child abuse several years ago? It took 15 to 20 years to begin to recognize and address child abuse after the first national legislative steps were taken. Although isolated cases have been recognized long before, the scope of the problem is still continuing to unfold. In any case, the fact is that there are cases of abuse of the elderly by their families or caretakers that cause them bodily harm. In summary, it would seem that whether physical abuse or serious neglect of the noninstitutionalized elderly is taking place in the numbers proposed or not, it is taking place." (Langley, 1981, pg. 9).

A review of each study individually can give a tentative picture of prevalence and incidence and type of abuse which at best should not be generalized. University of Maryland researchers Block and Sinnott (1979) sent a mail survey to 443 elders and 427 individual professionals involved with the elderly; both groups were randomly chosen and an undisclosed amount of agencies selected, including social service centres, police departments, senior day centre and home care programs.

Their efforts yielded 73 responses from the elders - a 16.5% response rate, who reported 3 cases. One hundred and thirty-four individual professionals responded - a 31% rate who reported 19 cases and only 1 agency had usable data, reporting 4 cases.

Block and Sinnott therefore disclosed results based on 26 cases in total. They found that 13.4% of their respondents reported familiarity with at least one case of neglect, abuse or financial exploitation of an elderly person by his/her caregiver.

Psychological abuse was the most prevalent and within this type; the most frequent abuses were verbal assault and isolation (58% each closely followed by fear (50%). Physical abuse was next in prevalence with lack of personal care and supervision (38% each) as the most frequent, followed by bruises and welts (31%). The most frequent type of material abuse was misuse of money or property (46%). They also noted that the most significant abuse from an environmental factor was dirt in the house (38%). These editors concluded that the prevalence of elder abuse was slightly more than 4% statewide. These researchers further stated that if this rate was projected for the elderly population in the United States, the number of cases of abuse would reach about one million.

Block and Sinnott have been criticized in the literature for their claims concerning prevalence and incidence of abuse.

Douglass notes that "the Maryland study despite its concurrence with other studies has a low response rate (under 33%) and it is uncertain that the membership of professional organizations as broadly represented as the

American Psychological Association is an appropriate sampling frame for an exploration of this particular problem area. The authors' conclusions regarding the relative prevalence of neglect, however, were important and were substantiated by the field study conducted in Michigan." (Douglass, 1983; pg. 138).

Pedrick-Cornell and Gelles (1982) were more critical and stated that: "Although Block and Sinnott state that the elderly they surveyed were 'fairly representative' of older persons nationwide, it must be emphasized that Block and Sinnott's response rate in their interviews was but 16.48%! This extremely low response rate virtually renders meaningless their claim for representativeness of their sample. Also, there are significant inconsistencies in their printed report, such that it is impossible to determine their exact sample size. (It cannot be determined if 4.1% of 73 individuals were abused (N=3), if 4.1% of 418 individuals were abused (N=2) or if 1 out of 418 individuals (2%) were abused. Block and Sinnott cited each of these statistics on various pages of their final report). Regardless of how large their sample actually was, their estimate of national incidence is based on a total of between 1 and 3 actual reports of elderly abuse. Even if their sample were representative, the sampling error is such that the lower boundary of the actual range of the incidence of abuse is 0%." (Pedrick-Cornell and Gelles, 1982; pg. 460).

Finally in another section of the Block and Sinnott report, Janice Davidson (1979) noted that "there are no statistics to document the scope of parental abuse by adult children."

University of Michigan researchers Douglass, Hickey and Noel (1980) interviewed a non-random sample (purposive) of 228 professionals with 89 of their case histories from five Michigan communities regarding their experiences with the mistreatment of noninstitutionalized elders by their family. Although it was found that abuse and neglect existed, it was not pervasive (King, 1983). Sixty six percent of the respondents reported knowledge of passive neglect. Verbal and emotional abuse followed; 104 respondents reported emotional, while 112 had knowledge of verbal abuse (Douglass, 1983). Of 93 respondents (41%) who identified active neglect, 64% of these areas included

forced confinement, isolation, withholding of food or medications. Sixty-four respondents or 28% had some experience with physical abuse; most did not recall experiences with serious physical abuse. Eighty respondents (35%) suspected physical abuse but had no direct evidence to support their suspicions. (Douglass, 1983).

A startling attitude emerged from the findings of this study; it was suggested that "neglect of the elderly is viewed by professionals as not only benign in its effects, but as a somewhat 'normal' phenomenon in our society." (Hickey and Douglass, 1981; pg. 506).

It is interesting to note the contrasting comments by other authors, concerning their interpretation of these findings. King (1983) commented that although active neglect and physical abuse were found to a far less extent, respondents in virtually every profession had some experience with physical abuse of elder persons. While, Douglass (1983) noted that physical abuse was generally considered to be a rare event among the respondents in this sample Pedrick-Cornell and Gelles (1982) implied that Douglass et al's claim that passive neglect was the most prevalent was invalid since there was some confusion among respondents as to its exact definition.

It was noted by two of the researchers of this study that when respondents were asked about average incidence of neglect and abuse cases, they noted that they encountered domestic mistreatment problems on a regular basis, ranging from 60% of the respondents for passive neglect (136 out of 228 cases) to 8% for abuse leading to serious injury or death (18 out of 228 cases). (Hickey and Douglass, 1981). Despite citing mean scores for monthly reported incidence of neglect and abuse, Douglass et al. (1983) declined to speculate on the national incidence rate (Pedrick-Cornell and Gelles, 1982). This proved to be wise as Langley (1981) judged that there was insufficient data to determine incidence.

Douglass (1983) in his journal article "Opportunities for Prevention of Domestic Neglect and Abuse of the Elderly" acknowledged that "the mean scores for the reported incidence should be viewed as suggestive but not definitive in this analysis." (Douglass, 1983; pg. 398). His three reasons for this

concurred with Pedrick-Cornell and Gelles' (1982) comments who wrote that: "the overall response rate to their questions on a monthly occurrence was quite low (the exact numbers could not be determined because they reported mean scores for many types of abuse and neglect and the categories were not mutually exclusive). The findings are not generalizable because; (1) they used a purposive sample (2) the number of respondents in each of the occupational categories was unequal and the categories were not uniformly homogeneous and (3) the number of respondents who answered each question was extremely small, and a single respondent with an unusually large caseload could inflate or deflate the means scores." (Pedrick-Cornell and Gelles, 1982, pg. 460). These authors added that "what was actually found in their investigation was that many respondents (the exact number cannot be determined from their report) reported little or no direct, regular experience with verbal or emotional abuse, active neglect or physical abuse." (Pedrick-Cornell and Gelles, 1982; pg. 460).

It is also important to note that there seems to be a discrepancy as to who the target population includes. In the original study, entitled "A Study of Maltreatment of the Elderly and Other Vulnerable Adults" (Douglass, Hickey and Noel, 1980), it is noted that respondents in the domestic study identified the characteristics of neglect and abuse of the elderly as well as the mentally retarded, emotionally impaired and physically handicapped. (Douglass et al., 1980; pgs. 1 and 4). However, in reviewing articles they subsequently published, the population considered is identified as the elderly only: Hickey and Douglass, 1981 - (1) "Mistreatment of the Elderly in the domestic Setting: An Exploratory Study." (2) "Neglect and Abuse of Older Family Members: Professionals' Perspectives and Case Experiences," and Douglass, 1983 - (1) "Domestic Neglect and Abuse of the Elderly: Implications for Research and Service" (2) "Opportunties for Prevention of Domestic Neglect and Abuse of the Elderly." The reviewer is left confused as to the actual target population!

Jacobs and Dentel (1984) conducted a "judgement" sample mail survey to 947 health and social service professionals in Lucas County (Toledo, Ohio), to determine incidence of elder abuse over the past 12 months. Their 32% response rate yielded verbal or emotional abuse as the most prevalent (51.4%)

followed by physical abuse (29.1%). Twenty of the respondents did not know the primary type of abuse. These researchers commented that "this statistic may indicate that the professional community is unclear about the difference in types of abuse and the definition of each." (Jacobs and Dentel, 1984; pg. 7).

It may also reinforce findings from other studies that there is usually more than one type of abuse involved. (Block and Sinnott, 1979; Lau and Kosberg, 1979; O'Malley et al., 1979; Shell, 1982). This was in fact reinforced by Jacobs and Dentel (1984) themselves; one of their findings was that approximately three fourths of those respondents who reported cases of abuse also reported cases of neglect and exploitation. Overall they found neglect was the main problem in the area and abuse is seen with almost equal frequency.

It is important to note that their statistics included elderly victims residing in nursing homes or institutions whose abusers were not the staff but included family members, friends, street criminals (for exploitation only) or unknown persons. Therefore if one isolates abuse by family members (including other relatives) alone the percentages would change somewhat.

Elizabeth Lau and Jordan Kosberg (1979) reviewed all the case records on a non random sample basis of clients over 60 years of age being cared for at the Chronic Illness Centre in Cleveland, Ohio over a one year period. They found that nearly 10% of these patients were victims of at least one of the 13 kinds of abuse identified. From this they estimated that 1 in 10 elderly residing with caretakers are being abused each year.

Almost three-fourths of the cases involved psychological abuse and the other half involved physical abuse. For the 39 cases the number of different types of abuses inflicted on the 39 individuals ranged from one to eight. Lau and Kosberg therefore concluded that abuse of the aged is only infrequently limited to one type. This concurs with some of the other studies reviewed (Block and Sinnott, 1979; Jacobs and Dentel, 1984; Kimsey, Tarbox and Bragg, 1981).

Elizabeth Lau and Jordon Kosberg's estimate was criticized as an example of those studies which are based on small, nonrepresentative samples (Douglass, Hickey and Noel, 1980; Steinmetz, 1981; Steuer and Austin, 1980; Block and Sinnott, 1979). Pedrick-Cornell and Gelles (1982) noted that: "Lau and Kosberg's (1979) estimate of 1 in 10 elderly persons residing with caretakers being abused each year is based on a nonrepresentative sample of 39 persons reported to the Cleveland Chronic Illness Centre. This agency cannot be considered representative of other agencies in Cleveland, Ohio or anywhere else." (Pedrick-Cornell 1982, pg. 460).

Staff of the Legal Research and Services for the Elderly in Boston, Massachusetts, conducted a survey of 1044 professionals and paraprofessionals and was able to gain descriptive information on the extent of abuse of elders residing at home by their families, friends or other caregivers. (O'Malley, Segars, Perez, Mitchell and Knuepfel, 1979). Their response rate was 34%. Fifty-five percent of the respondents (183 out of 322) knew of at least one incidence of abuse within the past 18 months (Pedrick-Cornell and Gelles, 1982).

"Fifty percent involved physical abuse, 40% involved debilitating mental anguish. Thirty-four percent involved actual injuries. Those conducting the study felt that the survey really did not permit an estimate of the incidences of abuse. The great majority of citings were primarily situations in which the older person was physically battered in some way. In only 30 of the 183 cases was verbal harassments or financial mismanagement the main problem. Abuse tended to happen repeatedly to the same person; in 70% of the citings, abuse occurred more than 2 times." (Langley, 1981; pg. 6). The authors of this study also noted that 36% of the respondents indicated that refusal of the elderly victim to acknowledge mistreatment "constituted the primary barrier to intervention. Such refusal was consistently associated with fear of retaliation by the abusing caregiver, feelings of affection and kinship or a refusal to accept services from an outside agency." (O'Malley et al., 1979; pg. 39).

Comments in the literature note the limitations of the study, some of which were acknowledged by the researchers themselves. In one article the authors noted that "Legal Research and Services for the elderly recognized that their nonrepresentative sampling precluded a meaningful attempt to generate a national incidence statistic. Moreover, they note that it is possible that the same case of elderly abuse could have been reported by both a professional and paraprofessional in their study. The possibility of duplication means that 183 reports do not necessarily translate into 183 different cases." (Pedrick-Cornell and Gelles, 1982; pg. 460).

Douglass (1983) wrote that "the most significant methodological problem with the study of O'Malley and her colleagues was its undersampling of caseworkers and protective service specialists in public agencies. Their emphasis on the private sector probably imposed a bias in the direction of smaller routine caseloads among the sample's respondents and, possibly, a generally higher socioeconomic status of the respondents' clients and patients." (Douglass 1983, pg. 137).

Susan Steinmetz conducted a study in the Spring of 1980 to ascertain the stresses, conflicts, abuse and maltreatment experienced in families who cared for an elderly parent. Volunteers were chosen through newspaper advertisements, social service professional newsletters and information packets. This nonrepresentative sample yielded 60 indepth interviews with 77 adult children who were caregivers. Thirteen families provided care for two elders so a total of 103 were covered. Steinmetz did not measure incidence but wrote that the data suggests that the use of verbal, emotional psychological and physical control is widespread.

She is the only author to cite methods used by the Elderly to control Adult Children in relationship to methods used by Adult Children to control their Elderly parents.

Verbal abuse was the most prevalent and noted to be used 40% of the time. Emotional/psychological abuse (which included threatening to send the elderly person to a nursing home or to use physical force) was 10% and physical control (use of physical restraint, forced feeding or medication, hit or

slapped) totalled 15%. Caregivers using physical force rationalized that it was necessary to insure the safety of the elder. Methods used by elderly to control their adult children included: screaming and yelling (43%), pouting or withdrawing (47%), refusing food or medication (16%), manipulating, crying or using their physical or emotional disability as an excuse (32%) hitting, slapping or throwing objects (22%) and calling police or others for imagined threats (10%). The author found that 63% of the caregivers felt their parents had never recognized that they were adults and did not respect their privacy or opinions. (Steinmetz, 1980).

In an earlier article, Steinmetz stated that "much of this battering takes the form of benign neglect - inadequate knowledge about caring for the elderly which results in harm. (Steinmetz, 1978; pg. 54).

Steuer and Austin (1980) of California considered 12 cases of abuse from various locations which were identified only when the elderly victim was hospitalized for an acute medical problem, or in the majority of instances when a social worker was requested by a home health care nursing service to intervene with a family. The authors noted that abuse was primarily physical or verbal/psychologic. Physical abuse in the form of beating or roughing up was quite rare. It was less clear how to conceive the cause of the multiple unexplained "falls," fractures and bruises in 3 of the elderly women. Thus they deduced that "whether these injuries were accidents or whether they were due to abuse or neglect remains open to question." (Steuer and Austin, 1980; pg. 373).

Neglect was probably the most common form of abuse; because in these cases it led to a situation where there was also physical harm. Other forms of abuse found included misuse of medication (3 cases), poor nutrition (3 instances), imprisonment (2 instances) abandonment, and murder (1 case).

From this study we can only concede that elderly abuse does exist in California but no sense of prevalence or measure of incidence was established.

Walker (1983) reports on the situation in Connecticut concerning elder abuse. Initially a government task force somewhat arbitrarily surmised that 1% or 4000 of its elderly population (those 60 years or older) might find themselves in a neglectful or abusing situation during the year. It was felt that 25% of those 4000 would be unable to handle their situation.

Two significant pieces of legislation were passed in July 1977: the first established a Nursing Home Ombudsman Office and the second established a reporting law for the protection of the elderly. From June 1977 - June 1981, the Ombudsman Office had investigated more than 3600 cases of abuse neglect and exploitation of their elderly. Walker (1983) reports that by far the largest number of cases have involved neglect, either by self or by the elderly person's caretaker. "According to the State Ombudsman's statistics the greatest number of cases involve clients from urban areas, the smallest number are from rural areas and the remainder from suburban areas. These percentages do not correspond with the actual percentages of elderly persons living in those areas... some towns may not be reporting cases or may not know of the program or those elderly living in urban areas may be experiencing more problems. (Walker, 1983; pg. 299).

This may give us the clearest picture of prevalence of any of the previous studies noted. Once again however this should reflect the Connecticut scene only and not be generalized for the rest of the United States or to Canada.

On the Canadian Scene results concerning incidence have not been any more conclusive. A summary report done in Newfoundland by the Frecker Association of Gerontology of Newfoundland and Labrador (1983) was done on aging and victimization. They were unable to determine the amount of elderly victimization. Another study conducted by Haley (1983) was done in Nova Scotia and did determine that there was evidence of neglect and abuse inflicted upon the elderly population of that province but could not determine the incidence rate. (Ross et al., 1985). Other examples of familial abuse have been discovered in the Nova Scotia area and two cases are known of outside the Halifax area (Filbee, 1981).

Donna Shell from the Manitoba Association of Gerontology (1982) held 105 interviews with practitioners in various professions dealing with cases of elder abuse. Respondents were from all regions of Winnipeg, their clients a diverse population. However, a non-random sample using a "snowballing" technique was employed to select them. Four hundred and two cases of elder abuse was described, confirming its existence within that province. There was more than one category of abuse within any one case totalling 540 instances of elder abuse. The study found that financial abuse to be the most frequently encountered type of abuse of elderly persons (217 instances or 40.3%) followed by psychosocial abuse (202 instances or 37.5%) and physical abuse (121 instances or 22.5%).

She noted that "it is not difficult for family members to obtain control over the elderly persons' financial resources. Legal mechanisms such as Power of Attorney and Committeeship were not always involved, as financial control by relatives was often an informal arrangement." (Shell, 1982; pg. 43).

Shell (1982), also cites the percentage of respondents' perceptions of abuse by abuse category as to whether the abuse was intentional or unintentional. Respondents felt financial abuse was intentional 42.9%, unintentional 40.7% and was undecided 10.5%. Psychosocial abuse was intentional 25.7%, unintentional 63.8% and was undecided 10.5%. Finally physical abuse was seen to be intentional 28.6%, unintentional 60.9% and undecided 10.5%. (Shell, 1982; pg. 36).

Despite citing that her "sample does not represent a random sample of any population" (pg. 46) she generalizes her findings stating that: "of 120,000 persons in Manitoba over 65 years of age, approximately 15% (18,000) receive care of some kind from informal care providers or home service agencies. Thus 402 cases of elder abuse reported in this exploratory study suggests that 2.2% of these 18,000 persons receiving care are experiencing abuse of some kind at the hands of caregivers. Further, the 402 cases of elder abuse reported by her suggest that of Manitoba's total aging population approximately 120,000 persons over the age of 65, .03% are experiencing abuse." (Shell, 1982; pg. 44).

Despite this it has repeatedly been noted that it is clearly a problem of considerable dimension and seriousness exists in Canada. (Shell, 1982; Ross et al., 1985).

Characteristics of Abused Elderly

As in all areas of elderly abuse, the data on characteristics of abused elderly are extremely limited, but the characteristics that emerge from the available data are remarkably similar. Most were female and over the age of 75; most had at least one physical or mental impairment and were dependent in varying degrees upon their caregiver, either physically, emotionally and/or financially. Most lived with their abuser, were unaware of the community resources available to them and were fearful of the alternatives. The majority of victims were single (or widowed) and politically weak.

The University of Maryland study found the abused elder to have a mean age of 84. Eight-one percent were female, 61% protestant and 58% were middle class. Nearly half suffered from moderate to severe mental impairment and 96% from some form of physical disability. (Block and Sinnott, 1979).

The Manitoba study also found that the abused elderly were 80-84 years of age. Sixty-eight percent were female, and had resided with a family member for 10 or more years. (Shell, 1982).

In California, Steuer and Austin (1980) found that in nine out of twelve cases, the elderly victims were frail women between the ages of 73 and 86, with physical and/or mental disabilities which made them dependent upon the caregiver for nutrition, cleanliness, ambulation, medication and in extreme cases, bed care. The majority were Caucasian - but Black and Latino families were also represented. Most lived in either middle class neighbourhoods or poverty areas.

In Connecticut, the Ombudsmen Office found that abuse occurred in all economic groups, with majority of those abused being women who were 80 years or older. (Walker, 1983).

In the Massachusetts study the Legal Research and Service for the Elderly found the 54% of the victims were over the age of 75 and 36% were over age 80. Eighty percent were female, 75% lived with the person who abused them. In 84% of the cases the abuser was a family member and most elderly were abused on a recurring basis. Seventy-five percent of the abused elderly were physically impaired. (O'Malley et al., 1979).

Rathbone-McCuan's study differed slightly in that victims were 65 years of age and over. However, they were also generally female and functionally dependent because of physical limitations or inadequate resources. Many had a history of alcoholism, mental retardation or psychiatric illness. (Rathbone-McCuan, 1980).

That most were abused by family members concurred with the Michigan Study (Douglass, Hickey and Noel, 1980) and with the study done by researcher Suzanne Steinmetz (1981).

The Cleveland, Ohio study revealed that 76% of the victims identified had at least one major physical or mental impairment, and were women. Fifty-eight percent were widowed, 75% white and 66% lived with their relatives, most lived in the city.

The Toledo, Ohio study also found that women were the predominant victims of all types of abuse. (Jacobs and Dentel, 1984). King (1983) noted that these findings "must be viewed against the profile of the typical older person. Most people over the age of 65 have at least one chronic illness or impairment, although most are not severely limited by it. Most elders are women, in fact, in the 75 plus age groups, women out number men two to one. Most older women are widowed (70% in the over 75 age group) and most older widowed women are low income. (King, 1983; pg. 3).

Characteristics of the Abuser

In the studies reviewed, the typical abuser was usually a close relative and primary caregiver for the abused elder. The abuser was likely to suffer from some form of stress and may have been alcoholic or mentally ill. One of

the interesting results was that many abusers are themselves elderly (or nearly elderly) persons.

To highlight a few of the studies: Shell (1982) found that the most frequent abuser was the son of the victim followed by the daughter, and then the spouse; 48% of all abusive caregivers were 60-69 years of age. Steinmetz (1981) found that 39% of caregivers were over 50 years of age and 18% were over 60. The Block and Sinnott (1979) study showed that 81% of the abusers were relatives, 42 percent were children of the victim, 53% were in their 40's and 50's, 58% were female, 88% were white and 65% were "middle class." Steuer and Austin's (1980) 12 cases revealed 5 cases where the primary caretaker was a daughter, in 2 cases a husband and in one case each a sister and a nephew. Over 90% of the abusers in Lau and Kosberg's (1979) study were relatives; daughters were the perpetrators twice as often as any other type of relative (31%), followed by sons, granddaughters, husbands and siblings (usually sisters).

O'Malley et al (1979) revealed that 86% of the abusers were relatives and in 75 percent of the cases, the abuser lived with the victim. Substance abuse was a problem for 28% and three quarters were reported to be suffering from some form of stress.

In Jacobs and Dentel's study (1984), the most common abuser was a relative (24%), followed by an adult child (19%) and caretaker (11%); other abusers included the spouse, friends, the victim him/herself and an unknown persons.

Casual Factors; Theoretical Viewpoints

Possible causes can only be described as ones creating the potential for violence (Davidson et al., 1979). Much of what is offered as theoretical work on elder abuse involves theories and hypothesis that have been developed and applied based on other forms of intrafamilial abuse. (Hervig-Giordano and Giordano, 1984; Pedrick-Cornell and Gelles, 1982; Block and Sinnott, 1979).

A most comprehensive approach in writing about causal factors was taken by Hervig-Giordano and Giordano (1984). This forms the basis of this section with additional comments from myself and other authors.

Hervig-Giordano and Giordano (1984) present seven "theories" about the factors that lead to elder abuse: (1) family dynamics, (2) dependence because of impairments, (3) personality traits of the abuser, (4) filial crisis, (5) internal stress, (6) external stress and (7) negative attitudes toward the elder. I would also add (8) substance abuse and (9) societal condonement and reinforcement. Many of these explanations overlap, and it is likely that abuse is triggered by the interplay of several factors (Hervig-Giordano and Giordano, 1984; O'Rourke; 1981, Strauss, 1973).

(1) Family Dynamics:

One of the major premises is that violence is a normative behavioral pattern which is learned in the environment and interplay within the family. Children learn from observation and participation in the family that violence is an acceptable response to stress, and learn a variety of "scripts" or patterns for future behaviour. Thus children who are abused often grow up to abuse their offspring. The children who see violent parental interactions often have physically abusive relationships in adulthood. Thus violence breeds violence. (Gelles and Strauss, 1975; Hilberman, 1980; Davidson et al., 1979; Spinetta and Rigler, 1972).

It would seem fair to add that those "children" could become the adult child who is the perpetrator of violence towards their elderly parent as well (Haber-Kucharsky, 1984). Several researchers cited this dynamic to be compatible with their findings. (Lau and Kosberg, 1979; Rathbone-McCuan, 1980; Steinmetz, 1978/81; Block and Sinnott, 1979; Douglass et al., 1980; Steuer and Austin, 1980; Shell, 1982).

Authors Davidson (1979), Straus (1973), and Renvoize (1978) also write that the dynamics within the family are a factor contributing or possibly causing abuse to the elderly member. Steuer and Austin (1980) suggested that "reactivation of old and unresolved family conflicts related to the child's

battle for independence may be couched in terms of differences in lifestyle, values or religious practices" (in Kimsey, Tarbox and Bragg, 1981; pg. 468).

Reflecting the suggestion that there is a cyclical nature of violence, Lau and Kosberg (1979) wrote that one of the many explanations for abuse is a "pattern, consistent with other types of family violence. This is one in which the abuser has suffered real or perceived mistreatment by his parents or caregivers earlier in life and who now reverses the behaviour." (Lau and Kosberg, 1979; pg. 13). Douglass et al., (1980) called this family dynamic factor, a "developmental approach" to conceiving causal factors in relationship to elder abuse. (Douglass, Hickey and Noel, 1980).

(2) Impairment and Dependence:

The most likely elderly people to be abused are women with severe physical or mental impairments (Block and Sinnott, 1979; Burnston, 1975; Lau and Kosberg, 1979; O'Malley et al., 1979; Rathbone-McCuan, 1980; Steuer and Austin, 1980). In this second explanation such impairments lead to dependence, which makes the elderly persons vulnerable to abuse (O'Rourke, 1981; Beck and Phillips, 1983; Block and Sinnott, 1979; Lau and Kosberg, 1978; Davidson, Hennessey and Sledge, 1979; Finkelhor and Pillemer, 1974; Steinman, 1979; Walker, 1983; Steinmetz, 1981; Shell, 1982). Some researchers describe domestic violence using the generic term "dependent abuse." Douglass et al. (1980) believe that the normal dependence of elderly people is sufficient to make them vulnerable to such abuse (in: Hervig-Giordano and Giordano, 1984; pg. 234).

Davidson et al. (1979) added to the dependence explanation the concept of learned helplessness. According to this concept, elderly people may come to feel, as they become increasingly dependent, that they have no control over their lives and that they can do nothing to change their situation." (in Hervig-Giordano and Giordano, 1984; pg. 234).

Steinman has observed that when an aging parent moves into their siblings' household, new conflicts based on the dependency of the parent on the child may arise. If there is an inability to resolve those conflicts, it may

lead to violence by the caretaker or other family members who would previously have been incapable of such types of violence. (Steinman, 1979).

(3) Personality Traits of the Abuser:

The third explanation suggests that personality traits or a character disorder cause the caregiver to be abusive. Several authors reviewed concur that this may be a factor to be considered. (Strauss, 1973; Douglass et al., 1980; Lau and Kosberg, 1979; Walker, 1983; Steuer and Austin, 1980; Shell, 1982). The findings of research in this area neither confirm or refute this hypothesis. A related hypothesis is that adult children are abusive and neglectful because of an abnormal childhood that did not foster their ability to make appropriate judgements (O'Rourke, 1981). Lau and Kosberg (1979) noted that there are also situations where the caregivers themselves are elderly and senile and not aware of their behaviour or the effects of their behaviour. This could fall into this category of causal theory as well. Douglass et al (1980) discuss this explanation calling it a "pathological framework" of cause in relationship to elder abuse.

(4) Negative Attitudes Towards the Elderly:

Several authors have written that patterns of elder abuse and neglect may be reinforced by negative stereotypes toward elderly people and their roles in society (Shell, 1982; Beck and Phillips, 1983; Bragg, Kimsey and Tarbox, 1981; Davidson, Hennessey and Sledge, 1979; Finkelhor and Pillemer, 1984; Spence, Feigenbaum and Fitzgerald, 1968; Geiger, 1976; Butler, 1975). Block and Sinnott felt it was possible that "the violation of expectations of strength may be a problem for the adult child caring for the sick elderly, who is therefore 'punished' with abuse for not 'behaving properly.' Maintaining cognitive consistency, the abuser might withdraw psychologically from the situation by coming to believe (as many societies do) that the sick elder is 'too senile to matter' and 'not like the rest of us.' The dehumanized elder is therefore at risk for abuse." (Block and Sinnott, 1979; pg. 83).

Part of the problem may lie in society's prejudical attitudes toward the elderly (Kinsey, Tarbox and Bragg, 1981). Butler (1975) coined the word age-ism to define this type of attitude. Numerous studies pointed to antipathy toward the aged on the part of professionals as well as the general public. (Spence, Feigenbaum and Fitzgerald, 1968; Geiger, 1978).

Finkelhor and Pillemer (1984) deduced that the elderly are specially vulnerable to abuse because of the special status they occupy and noted that "Atchley (1977) had termed the phrase 'atrophy of opportunity,' whereby society isolates older persons and no longer seeks their contributions. This devaluation of elderly people can be seen as increasing their vulnerability to abuse as a class of individuals." (Finkelhor and Pillemer, 1984; in "Introduction").

Hervig-Giordano and Giordano (1984) noted that these next three factors filial crisis, internal stress and external stress focus on conditions particular to adult children. Adult children have been referred to as the "sandwich generation" since they are often caught choosing between caring for the needs of their children and the needs of their elderly parent(s) or relative(s). Often they have little time or feel guilty about caring for their own needs and thus are exposed to a unique set of stressors. Hervig-Giordano and Giordano (1984) note that according to Miller (1981), "this generation is confronted with the loss of youth, the recognition of their own aging and the impact of an 'empty nest' in addition to the stress of dual responsibilities and role expectations. The caregiving role can become overwhelming when several members of the family are undergoing crisis and must make difficult choices. Other authors have also acknowledged and written about "the sandwich generation" and/or these stresses. (Silverston and Kandal-Hyman, 1982; Beck and Phillips, 1983).

(5) Filial Crisis

A fifth explanation proposed by the researchers Block and Sinnott (1979) and Lau and Kosberg (1979) was that elder abuse may be a result of the failure of the adult child to resolve the filial crisis. According to this hypothesis a developmental task of adult children is to go beyond the stage of adolescent

rebellion toward emancipation from their parents. Hervig-Giordano and Giordano (1984) highlighted the Farrar (1955) study, which found that parent-child conflicts that originated in adolescence continue into later life, and the Simos (1973) study, which found that problems in parent-child relationships became more entrenched when adult children attempted to handle added stress by using old defensive patterns this idea was also noted or inferred in items I reviewed. (Block and Sinnott, 1979; Lau and Kosberg, 1979; Blenker, 1979; Steinmetz, 1981).

(6) Internal Stress

The caregiver who is feeling overwhelmed with the responsibility of caring for a dependent elderly parent or relative can lead to a stressful situation for her/him and the family which in turn can result in abuse. (Block and Sinnott, 1979; O'Malley et al., 1979; Rathbone-McCuan, 1980; Hervig-Giordano and Giordano, 1984; Steinmetz, 1978 and 1981; Beck and Phillips, 1983; Burnston, 1975; Davidson et al., 1979; Douglass, Hickey and Noel, 1980; Jacobs and Dentel, 1984; Walker, 1983; Shell, 1982).

O'Rourke (1981) found that caregivers spend an average of twenty four hours a week providing physical and psychological assistance to a frail elderly relative. Two-thirds of the caregivers in her study reported they were exhausted and anxious and that their health had deteriorated. (in Hervig-Giordano and Giordano, 1984).

Walker (1983) noted that in cases coming to the Ombudsman Office it was not unusual to find a 65 to 70 year old son or daughter attempting to care for an 85 to 90 year old parent. In many instances the 65 year old caretakers could not manage their own needs and were therefore was frustrated over having to carry the additional burden of an elderly parent. Frequently this frustration resulted in physical acting out against the older person.

Block and Sinnott (1979) pointed out that once their child-rearing years are over, adult children look forward to a freer more relaxed lifestyle and hence may not welcome the caregiving role. Miller (1981) noted that the adult caregiver may feel angry, resentful or frustrated if they perceive that they

are not getting enough gratification in exchange for the support they provide and the caretaking responsibility they have assumed. These feelings may lead them to be abusive towards the elderly persons. (in: Hervig-Giordano and Giordano, 1984).

(7) External Stress:

In the 1980's research on family violence recognized that external stress on the family is a major factor which contributes to violence. (Hervig-Giordano and Giordano, 1984). This has also been found to be a factor in studies on elder abuse. (Block and Sinnott, 1979; Steinmetz, 1978; Douglass, Hickey and Noel, 1980; Jacobs and Dentel, 1984; O'Malley et al., 1979; Shell, 1982; Steuer and Austin, 1980).

Strauss, Gelles and Steinmetz (1980) found that the important correlates of domestic violence are age, income level and employment status. Religion, urban-rural residence and race are of lesser importance. (in Hervig-Giordano and Giordano, 1984).

Block and Sinnott (1979) considered the presence of stress, in particular economic stress, to be one way in which elder abuse compares to other types of domestic abuse. The data on income level should be viewed with caution, however because the abusers in the study by O'Malley et al. (1979) were primarily low income whereas those in Block and Sinnott's study (1979) were predominantly middle income. (Hervig-Giordano and Giordano, 1984).

Douglass et al. (1980) refer the External stress hypothesis as an "environmental" approach to conceptualizing abuse.

(8) <u>Substance Abuse</u>

Another causal factor which should be included, is Substance Abuse by the caregiver and/or the elderly persons. This is usually mentioned by authors as a factor which interplays with other dynamics. (O'Malley et al., 1979; Lau and Kosberg, 1979; Walker, 1983; Shell, 1982).

O'Malley et al. (1979) found that caretakers who are abusers are likely to be alcoholics who are experiencing some form of acute stress, such as a loss of a job or long term medical problem. Lau and Kosberg (1979) assessed that due to long term patterns of drug/alcohol use or a conscious choice to refuse medication; the elderly person may be self-abusive. Death or drug/alcohol induced changes in awareness may seem preferable to continuing to live or submitting to a loss of independence and control. Walker (1983) assessed that along with other factors, alcoholism may influence the family members' handling of an older person. Shell (1982) found that alcoholism was the most frequently identified high risk factor concerning caregivers.

(9) Societal Condonement and Reinforcement:

The dynamics of violence are prevalent in our society and are reinforced in the media, in the images around us and through ordinary social interaction. Straus (1973) notes that the same dynamics are reenacted within the environment of the family and reinforce the "normalcy" of domestic violence in general and elder abuse in particular.

Within society, there are collective feelings of guilt in relationship to violence because not only do we believe in the myth of maternal instinct and the widespread notion that everyone loves and protects members of their family but also we want to believe humanity is just, and separate ourselves from "animalistic" behaviour. The notion of family violence troubles this image. So we bury our head in the sand and believe that it doesn't exist or that it will go away. If one perceives that abuse only occurs infrequently and in deviant relationships, one encourages a societal denial of the problem and the conclusion that what goes on within the family home is a private affair, not open to public scrutiny.

Even abusive families believe these myths and deny the problem. We can see clearly how societal denial also serves to perpetuate the problem. If it is a private affair we will not talk about it. The issue then does not get confronted nor action taken. Although there has been more and more research done, we have only understood the problem on an intellectual level and have not integrated it on an emotional one. (Haber-Kucharsky, 1984).

Another attitude we hold which is contradictory is the perception that abuse is a normal expression within family life. The danger of this is that we can then easily underestimate the serious impact it has on its members and in society in general. There is much evidence to suggest that in fact we do. Elaine Hilberman (1980) discusses our notions in regard to family violence and notes that: "Family violence, in contrast to violence outside the family is more often perceived as normal, legitimate and instrumental." (Hilberman, 1980; pg. 1337)

Other noted factors: Douglass et al. (1980) noted that 20% of the practitioners interviewed considered "the victims themselves to be at least partially responsible for their own neglect or abuse. These respondents suggested that "difficult personalities of some elderly, level of dependency or personal habits were considered to be frequent causes of neglect or abuse." (Douglass, 1983; pg. 400).

Shell (1982) discovered that within the three categories highlighted, most respondents perceived that the abuse was unintentionally caused.

Douglass et al. (1980) found that the respondents in their study affirmed the suggested causal explanations in a manner which was at least partially a reflection of their training and experience.

## Conclusion: Research Problems and Future Directions

The existence of elder abuse and neglect has been identified and some preliminary information has been obtained from the various authors in this paper. This review of the literature has illustrated that there has been minimal conclusive information on the nature, extent and causes of elder abuse. Thus the state of current knowledge is tentative at best. This fact has been amply recognized throughout the literature by the researchers, theorists, practitioners, teachers and policy analysts involved with this issue who bemoan the limitations of the current research. (Pedrick-Cornell and Gelles, 1982; Galbraith and Zdorkowski, 1984; Callahan Jr., 1982; Douglass, 1983; Hervig-Giordano and Giordano, 1984; Hooyman, Rathbone McCuan

and Klingbeil, 1982; Ross, Ross and Ross-Carson, 1985; Shell, 1982; Hickey and Douglass, 1981). Hooyman et al. (1982) indicates that studies have been exploratory and descriptive using nonrepresentative samples. Rather than testing hypothesis, a priori assumptions are made and then information is sought to support or refute those assumptions. Other methodological limitations of existing research has included reliance on secondary data sources (eg. surveying professionals) utilizing small representative samples; and the lack of comparison groups.

Hervig-Giordano and Giordano (1984) pointed out that researchers cannot report whether factors related to abuse are distinctive of particular abused clients, of clients who are not abused or of the general population of elderly persons.

Pedrick-Cornell and Gelles (1982) are more critical and comment that the lack of quality data has lead to the widespread dissemination of myth, conventional wisdom and in some cases, falsehood. Statements presented as facts are then used to frame both policy and programs to treat and prevent the abuse of older persons. Legal changes are proposed, innovative programs are initiated, and recommendations are made by Government, all without so much as one piece of information which can meet normal standards of scientific evidence.

The resulting major concern is that there is a risk that there is more harm than good being done to the abused elderly and their families. (Callahan Jr., 1982; Pedrick-Cornell and Gelles, 1982).

The positive aspects of current research have also been noted. Douglass (1983) felt that the "essentially anthropological studies" of abused elders done by Steinmetz (1977, 1978, 1981) and Rathbone-McCuan (1980) were critical in stimulating more systematic research which suggests hypothesis for subsequent research to test and explore. Douglass (1983) commented that the study conducted by himself, Tom Hickey and Catherine Noel in 1980 was an important first step in the process of learning about domestic mistreatment of the aged. Galbraith and Zdorkowski (1984) believe that the "Report form" contained in Block and Sinnott's (1979) study could expose the most common misconceptions

about elder abuse and suggest broader areas of research that are most appropriate for investigation and training of students in gerontology. They also felt that it was useful to name professional groups from whom data was drawn, because it describes the channels through which most abuse is either reported or disguised and because it suggests what categories of questions ought to be asked of abusers, the abused and the environment in which they interact.

In summary, according to the various authors further research should (1) interrelate the correlates of abuse (Hervig-Giordano and Giordano, 1984; Galbraith and Zdorkowski, 1984; Davidson et al., 1979) (2) use larger and/or more scientific samples; representing several cultural groups (Hervig-Giordano and Giordano, 1984) as well as samples stratified according to socioeconomic characteristics and regional traits. (Hickey and Douglass, 1983) or sample population to limited from public and private agencies representive (Pedrick-Cornell and Gelles, 1982) (3) use a more fully developed methodology and address questions of incidence, and prevalence and more reporting of follow-up procedures (Hickey and Douglass, 1983; Shell, 1982; Steuer and Austin, 1980) (4) conduct indepth interviews with elders themselves to understand cause (Block and Sinnott, 1979) and/or undertake more detailed case studies (Hickey and Douglass, 1983) (5) depoliticize the definition of elder abuse (Pedrick-Cornell and Gelles, 1982; Callahan Jr., 1982) (6) use comparative groups (Hooyman et al., 1982; Pedrick-Cornell and Gelles, 1982; Hervig-Giordano and Giordano, 1984) (7) use comparative data dealing with child and spouse abuse (Hickey and Douglass, 1983) and (8) focus on areas in society where prejudices towards elderly exist (Brags, Kimsey and Tarbox, 1981).

Some unresearched questions the authors have noted include: is elder abuse more likely to occur as an elder's and caregiver's sex and kinship relations become more intimate? Is elder abuse more likely to occur as an elder's daily needs begin to significantly distort a caregiver's time schedules and personal space requirements? (Galbraith and Zdorkowski, 1984). What standards of care are acceptable to whom? (Steuer and Austin, 1980). Does an individual who may intentionally "give-up" contribute to the role of victim? (Hickey and Douglass, 1981).

Additional questions which I feel could be researched include: what constitutes abusive treatment according to the elderly? What do caregivers perceive to be neglectful and/or abusive treatment? How do those perceptions compare? How does that compare with what practitioners consider neglectful, abusive?

What do the elderly believe good care includes? What do their caregivers consider adequate? What standards of care do practitioners measure against in determining what they consider abusive or neglectful? At what point does neglect become abusive or life threatening? What kinds of neglect should we be concerned about? Is any neglect truly benign?

To what extent can the dynamics operating in child abuse be compared with those occurring with elder abuse? What percentage of children abused by their parents become the abusers of their elderly parents?

Does the wife-batterer continue to beat his wife in old age? What percentage of these marriages/partnerships survive into old age? Does a batterer who becomes ill or dependent then get abused by the wife he abused in earlier years?

What happens when an elderly parent or relative joins a family where child and/or spousal abuse is occurring? Does that elderly person become a victim? Does the other abuse continue? How does dependency correlate with a greater likelihood of getting abused?

To what extent does alcohol/drug abuse precipitate domestic violence? To what extent do economic factors create maltreatment of the elderly person by their family members? What role does the elderly person play within the abuse dynamic?

What correlation can be made between the dynamics of violence within society and the abuse within the family? Are there communities in the world whose lifestyle is nonviolent? How does the extent of domestic violence compare to North America? How does the Canadian situation differ from the United States?

What is the relationship between gender and abuse? Do sons have a greater tendency to beat their mothers rather than fathers? Does the amount or extent perpetuated towards elderly mothers and fathers differ when a daughter is the abuser as compared to an abusive son?

Finally, how do "abusive" families compare with those where violence is not occurring.

In summary, we must become clearer about how to define abuse and neglect. Consistent guidelines need to be established so that researchers are measuring the same "phenomenon," so that decision makers can devise policies which are aimed at a more clearly identified issue and so that practitioners can develop a conceptual framework from which to act up.

We still do not know, at this time, to what extent the problem exists and cannot confirm casual relationship.

Despite the above noted limitations, we have a clearer idea about who is more likely to be abused. From the literature we know that the typical abuser is usually a close relative and primary caregiver for the abused elderly, and likely to be suffering from some form of stress. Those elderly who are dependent and/or over 75 and female are more likely victims. Practitioners can therefore utilize this knowledge and be alerted to families where abuse may be already occurring or where the potential exists.

Most importantly, we must be attentive to the kind of society we live in. You can keep cleaning the river but if you never get rid of the source of the pollutants the cycle will continue. This is also true of abuse. If violence in society continues to be condoned, domestic violence will continue.

This summarizes the major issues within the issue of elder abuse. It is hoped by this authoress that future research efforts and theoretical knowledge can shed more light on the issues presented in this literature review.

## BIBLIOGRAPHY

Readers will note that bibliographic style has been used for references in this paper. This style is used only for reviews of the literature:


Beck, Cornelia M., RN, Phd and Phillips, Linda R., RN, Phd.
"Abuse of the Elderly", Journal of Gerontological Nursing Vol. 9 No. 2 February 1983, pages 97-101

Beck, Cornelia, Phd. and Phillips, Linda, Phd.
"The Unseen Abuse: Why Financial Maltreatment of the Elderly goes Unrecognized" (Interview and quiz)
Journal of Gerontological Nursing, Vol. 10, No. 12, Dec. 1984, pgs. 26-30

Blenkner, Margaret, "Social Structure and the Family" (see reference) 1979

Block, Marilyn R. and Sinnott, Jan D. "The Battered Elder Syndrome: An Exploratory Study, Centre on Aging, University of Maryland, College Park, Maryland - November 1979

Bragg, David F., Kimsey, Larry R. M.D. and Tarbox, Arthur R., Phd.
"Abuse of the Elderly - The Hidden Agenda II Future Research and Remediation", Journal of American Geriatrics Society, Vol. XXIX, No. 11, 1981, pgs. 503-507

Burnston, G.R., "Granny Battering", British Medical Journal , 3 (September 6, 1975) pg. 592

Butler, Robert N. M.D. "Why Survive? Being Old in America", Harper & Row, Publishers 1975

Callahan, James J. Jr., "Elder Abuse Programming: Will it help the Elderly?" Urban and Social Change Review, Vol. 15 (2), 1982, pgs. 15-16

Davidson, Janice L.; Hennessey, Susan and Sledge, Suzanne "Additional Factors Related to Elder Abuse", in Block and Sinnot; "The Battered Elder Syndrome: An Exploratory Study" (see reference) Nov. 1979, pgs. 57-66

Douglas, Richard; Hickey Tom; Noel, Catherine
"A Study of Maltreatment of the Elderly and other Vulnerable Adults" 1980

Douglas, Richard L., "Domestic Neglect and Abuse of the Elderly: Implications for Research and Service" Family Relations - July 1983, pgs. 395-402

Douglas, Richard L., "Opportunities for Prevention of Domestic Neglect and Abuse of the Elderly", Current Psychological Research & Reviews, Aging and Prevention, 1983, pgs. 135-150

Ferguson, Doris and Beck, Cornelia, "H.A.L.F. - a Tool to Assess Elder Abuse Within the Family", Geriatric Nursing, September/Octover 1983, Pgs. 301-304

Filbee, Sara and Government of Nova Scotia
1) "Elder Abuse in Nova Scotia", Dalhousie Law School, 1981
2) "Statement on Aging and the Aged", 1984

Finkelhour, David and Pillemer, Karl
"Elder Abuse: Its Relationship to Other Forms of Domestic Violence" Paper presented at the 2nd National Conference on Family Violence Research, Durham NH, August 1984

Galbrath, M.Ed., EdD. and Zdorkowski, Todd R. M.A., A.B.D.
"Teaching the Investigation of Elder Abuse", Journal of Gerontological Nursing, Vol. 10, No. 12, Dec. 1984, pgs. 21-25

Gager, D.L., "How future professionals view the Elderly: A Comparative Analysis of Social Work, Law and Medical Student's Perspections" Gerontologist, 18:591, 1978

Gelles, Richard J. "Family Violence", Sage Publishers Inc., California, 1, 1979

Gelles, Richard J. "Violence in the Family: A Review of Research in the Seventies", Journal of Marriage and the Family, Nov. 1980, pgs. 873-885

Gelles, Richard J., and Strauss, Murray A.
"Family experience and Public Support of the Death Penalty", American Journal of Orthopsychiatry 1975, 45: 596 - 613

Haber-Kucharsky, Wanda (Unpublished) "Abuse of the Elderly", Nov. 1/84

Harbin, Henry T., and Madden, Denis
"Battered Parents: A New Syndrome" - The American Journal of Psychiatry 136: 10, October 1979, pgs. 1288 - 1291

Hervig, Giordana, Nan and Giordano, Jeffrey A.
"Elder Abuse: A Review of the Literature", Social Work Journal of the National Association of Social Workers (U.S.A.) May-June 1984, Vol. 29 #3, pgs. 232-236

Hickey, Tom Dr. PH., Douglas, Richard L., Phd., "Mistreatment of the Elderly in the Domestic Setting: An Exploratory Study", American Journal of Public Health Vol. 71, 1981, pg. 500-507

Hickey, Tom, Dr. Ph2, Douglas, Richard L. PhD3
"Neglect and Abuse of Older Family Members: Professionals" Perspectives and Case Experiences" The Gerontologist Vol. 21(2) 1981, pgs. 171-176

Hilberman, Elaine M.D.
"Overview: The Wife-Beater's Wife Reconsidered" American Journal of Psychiatry, November 1980, 137(11), pgs. 1336-1347

Hooyman, Nancy R., Rathbone-McCuao, Eloise and Klingbeil, Karil
"Serving the Vulnerable Elderly. The Detection, Intervention and Prevention of Familial Abuse", Urban and Social Change Review, Vol. 15(1), 1982, pgs. 9-12

Jacobs, Marilyn M.Ed and Dentel, Nancy
"Elderly Abuse in the Toledo Area - A Report of the Elderly Abuse Task Force" - Sponsored by: Family and Child Abuse Prevention Centre & Information Services for the Elderly, Nov. 1984

Kimsey, Larry R., M.D.; and Tarbox, Arthur R., Phs.; Bragg, David F., J.D. "1. The Caretakers and the Categories of Abuse", Journal of the American Geriatrics Society. Vol. XXIX, No. 10, 1981, pgs. 465-472

King, Nancy. "Exploitation and Abuse of Older Family Members: An Overview of the Problem", Response to Violence in the family and Sexual Assault Vol. 6, No. 2, March/April 1983

Kosberg, Jordan I., Editor
"Abuse and Maltreatment of the Elderly: Causes and Interventions" John Wright PSG Inc., 545 Great Road, Littleton, Massachusetts 01460, U.S.A. 1983

Langley, Ann. "Abuse of the Elderly"
Share Project, National Clearinghouse for Improving the Management of Human Services, Human Services, Monograph Series No. 27, Sept. 1981 pgs. 1-29

Lau, Elizabeth E., M.S.S.A. and Kosberg, Jordon C., Phd.
"Abuse of the Elderly by Informal Care Providers". Aging Sept.-Oct. 1979, nos. 299-300, pages 10-15

O'Malley, Helen; Segars, Howard; Perez, Rubin; Mitchell, Victoria; Knerepfel, George M. "Elder Abuse In Massachusetts; A Survey of Professionals and Paraprofessionals", Department of Legal Research and Services for the Elderly Organization of Massachusetts. June 1, 1979

O'Rouke, Margaret. "Elder Abuse: The State of the Art" Paper prepared for National Conference on the Abuse of Older Persons. Boston, Mass. U.S.A. March 23-25, 1981

Pedrick-Cornell, Claire and Gelles, Richard J.
"Elder Abuse: The Status of Current Knowledge" Family Relations July 1982 (31) pgs. 457-465

Phillips, Linda R. "Elder Abuse - What is it? Who says so", Geriatric Nursing May/June 1983, pg. 168-170

Podnteks, Elizabeth - "Abuse of the Elderly", Canadian Nurse, May 1983 Vol. 79, No. 5, pgs. 34-35

Rathbone-McCuan, Eloise - "Elderly Victims of Family Violence and Neglect" Social Casework: The Journal of Contemporary Social Work, May 1980 Pgs. 269-304

Regan, John J., and Springer, Georgia - "Protective Services for the Elderly: A Working Paper", Washington, D.C., U.S. Government Printing Office 1977

Renvoize, J. - "Web of Violence: A Study of Family Violence" - London: Routledge & Kegan Paul, 1978

Ross, M. Margaret, R.N., BScN, MED; Ross, Penny A. BA, MED; and Ross - Carson, RN, MScN Mary
"Abuse of the Elderly" also notes on "Problems of Definition" The Canadian Nurse, Vol. 81, No. 2, Feb. 1985, pg. 36-39

Select Committee on Aging - U.S. House of Representatives
"Elder Abuse: The Hidden Problem", June 1979, Committee Publication No. 96-220, Washington D.C., U.S. Government Printing Office 1980

Shanas, Ethel and Strelb G. eds - "Social Structure and the Family, Generational Relations", Englewood Cliffs, New Jersey, Prentice-Hall 1965

Shanas, Ethel, PhD2 - "The Family as a Social Support System in Old Age" The Gerontologist, Vol. 19, No. 2, 1979 - Pgs. 169-174

Shell, Donna J. - "Protection of the Elderly - A Study of Elder Abuse" Manitoba Association of Gerontology, 1982

Silverstone, Barbara and Kandel, Hyman, Helen
"You and Your Aging Parent - The Modern Family's Guide to Emotional, Physical and Financial Problems", Pantheon Books, N.Y., 1976, 1982

Spence D., Feigenbaum E., Fitzgerald F. et al.
"Medical Students Attitudes Toward the Geriatric Patient", Journal of American Geriatrics, Soc. 16 976, 1968

Spinetta, J.J. and Rigler, D. - "The Child-Abusing Parent - A Psychological Review" - Psychological Bulletin, 1972, 77 (4), Pgs. 296-304

Steinman, L.A. "Reactivated Conflicts with Aging Parents", in P.K. Regan: Aging parent (see reference) 1979

Steinmetz, Suzanne K. - "Battered Parents (The Politics of Aging)" Society, July/August 1978, pgs. 54-55

Steinmetz, Suzanne - "Dependency, Stress and Violence Between Middle-Aged Caregivers and their Elderly Parents". In Abuse and Maltreatment of the Elderly Causes and Intervention, Jordan I. Kosberg, pg. 134

Steinmetz, Suzanne, Ph.D - "Elder Abuse", Aging Jan. Feb. 1981, pgs. 6-10

Steuer, Joanne, Phd. and Austin, Elizabeth, M.D.,
"Family Abuse of the Elderly" Journal of the American Geriatrics Society, Vol. XXVIII, No.8, Aug. 1980 pgs. 372-76

Strauss, M.A. - "A General Systems Approach to a Theory of Violence between Family Members", Social Science Information 1973, 12(3), Pgs. 105-123

Straus, Murray A.; Gelles, Richard J.; Steinmetz, Suzanne K.
"Behind Closed Doors", Anchor Books, N.Y., 1980

Strauss, Murray; Gelles, Richard; and Steinmetz, Suzanne
"Physical Violence in a Nationally Representative Sample of American Families", Proceedings, Ninth World Congress of Sociology, Oppsala, Sweden, Aug. 14-19, 1978, from Kimsey, Tarbox and Bragg article Pg. 466

Thorman, George - "Family Violence" - Charles C. Thomas, Publisher. Springfield, Illinois, 1980

Walker, Jacqueline C. - "Protective Services for the Elderly: Connecticuts Experience" in Kosberg: Abuse and Maltreatment of the Elderly Causes and Interventions (see reference) pgs. 292-302